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ABSTRACT

Focusing on how people select topics to mention when reporting on a personal event, a study investigated the hypotheses that people would be more likely to mention topics (1) of high prior concern than topics of low concern and (2) with an unusually good or bad outcome than topics with an ordinary outcome. Subjects, 12 couples expecting babies, responded to prenatal and postpartum questionnaires and tape-recorded the phone conversations in which they announced the birth of their baby. Results supported both hypotheses, as well as the notion that topic selection depends on memory search. Findings showed that topics chosen for spoken and written discourse are generated by accessing information that is salient in long-term memory. Alternately, these results suggested that discourse topics are chosen for their relevance and information value. Findings further implied that writers, like speakers, depend on memory processes to generate ideas. It is important, in the revision process, to compensate for memory bias by allowing the writer to focus on the concerns of the reader. Overall, results showed that, given knowledge of prior concerns and of what actually happened, it was possible to predict which speakers would address which general topics in naturally occurring conversations. However, there was considerable variety in how subjects handled the topics, i.e., with humor, suspense, or philosophically. (JD)

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CENTER FOR THE STUDY OF READING

Technical Report No. 387

PREDICTING REPORTS OF A PERSONAL EVENT

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Abstract

This study was concerned with how people select topics to mention when reporting on a personal event. Twelve couples who were expecting a baby agreed to tape record the phone conversations in which they announced the birth of their baby. Ninety birth reports from nineteen of the subjects (twelve fathers and seven mothers) were analyzed in terms of the subject's prior concerns (as assessed by a prenatal questionnaire) and the outcome of events (as determined by a postpartum questionnaire).

Subjects were more likely to mention topics of high than of low prior concern and topics with unusual than with ordinary outcomes. These findings support Kintsch's (1980) notion that topic selection depends on memory search and suggest that topics for spoken and written discourse are generated by accessing information that is salient in long-term memory. Implications for the writing process are discussed.

Predicting Reports of a Personal Event

This study addresses the question of how people decide what topics to mention when reporting a on personal event. Although research on conversations has been concerned with how one response is generated in response to another (Grice, 1975; Schank, 1977; Schank, Collins, Davis, Johnson, Lytinen, & Reiser, 1982; Sidner, 1983), a fundamental question that has not been investigated is how a speaker decides what to say when given the freedom to introduce a number of topics. Gamst (1982) has proposed that "interests, needs, concerns, and point of view" contribute to the selection of topics in dyadic conversations. Collins, Warnock, and Passafiume (1975) have suggested that the selection of topics in tutorial dialogues is affected by the organization of the tutor's knowledge. The problem of deciding what to say is also relevant for written compositions (Bruce, Collins, Rubin, & Gentner, 1982; Collins & Gentner, 1980; Hayes & Flower, 1980). Voss, Vesonder, and Spilich (1980) asked subjects to produce fictional reports of a baseball game and found that subjects who were highly knowledgeable about baseball introduced topics that differed from those generated by less knowledgeable subjects.

Kintsch (1980) has reformulated the problem of topic selection by suggesting that the writer searches through long-term memory for items that meet the constraints of subject, audience, and discourse type. If this view is correct, then factors that affect the accessibility of events in memory should be important in predicting topic choices. Furthermore, the influence of memory factors should be particularly clear in the case of conversations, where topic decisions have to be made on the spur of the moment, with little opportunity for revision (Chafe & Danielewicz, 1984).

Two factors that enhance recall of events are the availability of a relevant schema or knowledge structure (Anderson, 1978) and the degree to which the event itself is unusual, surprising, strongly emotional, or consequential (Brown & Kulik, 1977; Pillemer, 1984; Pillemer, Rhinehart, & White, 1985; Rubin & Kozin, 1984). The purpose of the present study was to examine the role of these memory-related factors in the selection of topics. More specifically, the goal was to see if it was possible to predict what individual speakers would say in real life conversations on the basis of individual concerns and the particular outcome of events.

To meet the goals of the study, it was necessary to find a conversational domain that was predictable in advance, likely to be met with varying degrees of concern, and associated with a range of possible outcomes. Conversations about the birth of a baby were selected because they met these requirements. The customary phone call in which a friend or relative is informed about the arrival of a baby covers a predictable set of topics. Furthermore, there is likely to be variation in the prior concerns of the subject. For example, one person may be concerned about the discomfort of labor, the sex of the baby, and who will deliver the baby, while another may attach importance to natural childbirth, photographing the delivery, and finding a suitable name. There is also likely to be variability in the outcome of events. Some aspects of each person's experience are likely to be unusual (e.g., an unusually long or short labor), while others are likely to be ordinary (e.g., an uneventful drive to the hospital).

The study was carried out in three stages. In the first stage, one month prior to the expected due date, couples who are awaiting a baby filled out a questionnaire about their concerns. In the second stage, participants tape recorded phone conversations in which they announced the arrival of the baby. The third stage consisted of a follow-up questionnaire to determine the outcome.

Two hypothesis about the reports of the birth were tested. The first hypothesis was that subjects would be more likely to mention topics of high prior concern than topics of low concern in their reports. A number of investigations have shown that a subject's schema, or point of view, influences what is encoded and recalled about narratively depicted events. Anderson (1978) showed that subjects who were instructed to read a story about a house from the point of view of a potential homebuyer remembered different information than

subjects who read from the point of view of a burglar. Spilich, Vesonder, Chiesi, and Voss (1979) found that subjects who were highly knowledgeable about baseball were more accurate in their recall of baseball stories than were less knowledgeable subjects. More generally, work on mental models (Gentner & Stevens, 1983) has shown that subjects' recall of physical phenomena (e.g., the trajectory of a ball) is shaped by naive beliefs. The present study extends this line of research by examining the effect of prior concerns on the reporting of personal events.

A second hypothesis was that subjects would be more likely to mention topics that had an unusually good or bad outcome than topics that had an ordinary outcome. Several lines of evidence support this prediction. Pillemer, Rinehart, and White (1985) asked college students to generate memories of their freshman year and found a significant correlation between the vividness of the memory and the degree of affect associated with the event. Similarly, Robinson (1980) found that subjects were able to retrieve memories of unusually pleasant or unpleasant events more quickly than memories of neutral events. Other research has shown that aspects of an event that are not predictable in advance (Gibbs & Tenney, 1980) or deviate significantly from the norm (Bower, Black, & Turner, 1979) are likely to be recalled.

Method

Subjects

Twelve couples, recruited by word of mouth, participated in the study. Seven were expecting their first child, four their second, and one their fourth. The mothers ranged in age from 25 to 35 (mean 30.5), the fathers from 27 to 41 (mean 33.4). All were college graduates; most were living in the Boston area.

Materials

Materials consisted of a prenatal and a postpartum questionnaire concerning seventeen topics related to the baby, labor and delivery, and the postpartum period (see Table 1). The prenatal questionnaire consisted of twenty-five questions (e.g., How anxious are you about possible discomfort to the mother during labor? 1-5 scale). The postpartum questionnaire consisted of twenty-one questions on the same topics (e.g., How did the degree of discomfort to the mother during labor compare to what you had expected? 1-5 scale; Did the father play an active role in labor and delivery? yes/no).

Procedure

One month prior to the mother's due date, the experimenter administered the prenatal questionnaire separately to father and mother and showed the couple how to record their calls. The postpartum questionnaire was administered one month after the birth.

Results

Questionnaire Results

Prenatal. Responses on the prenatal questionnaire were converted into the numbers 1 to 5, where 5 indicates the greatest concern. Mean concern scores for each topic were calculated for mothers and fathers (see Table 2). A subject's concern for a topic was categorized as high if the subject's score was above the mean for fathers or mothers, respectively, and low if it was below.

Postpartum. The outcome of each of the topics was categorized as unusual or ordinary. For scaled questions, responses were converted to the numbers 1 to 5, where 5 indicates the most favorable outcome and 1 the least favorable outcome. Outcome scores were categorized as unusual if either of the extremes (i.e., 1 or 5) was selected. For yes/no questions, the occurrence of a new option in obstetrics (e.g., birthing room, bonding period, sibling visit) or a problem (e.g., difficult ride to the hospital) was coded as unusual (see Table 1). The proportion of outcomes that were categorized as unusually pleasant or unpleasant for each topic are shown in Table 2.

Assignment of Topics to Concern x Outcome Categories

Each of the seventeen topics rated by a subject on the pre- and post-natal questionnaires was assigned to one of four concern x outcome categories: high concern--unusual outcome, high concern--ordinary outcome, low concern--unusual outcome, low concern--ordinary outcome. Degree of concern was determined by responses on the prenatal questionnaire, while unusualness was determined by responses on the postpartum questionnaire.

Frequency of Mention of Topics

All twelve fathers and seven of the mothers recorded phone conversations, yielding 90 separate birth reports. Each report was scored for mention of each of the seventeen topics by the investigator and a second, independent rater. In order not to bias the coding on the basis of outcome, both negative and positive statements about a topic were counted (e.g., mention of use as well as non-use of drugs counted for the topic of natural childbirth). The interrater agreement, or the proportion of times the two raters agreed that a topic had or had not been mentioned in a particular report, was .98, ranging from .94 to 1.00 for individual topics. Disagreements were resolved by discussion.

Analysis of Memory-Related Factors

For each subject, the likelihood of mentioning each of the seventeen topics was defined as the proportion of conversations in which the subject mentioned the topic. Thus a subject who mentioned natural childbirth in three out of six conversations had a likelihood of mention for that topic of .50. The likelihoods for all the topics that fell into the same concern x outcome category for a particular subject were averaged together. Table 3 shows the likelihood of mentioning topics in each of the four concern x outcome categories, averaged across subjects.

The likelihood data were analyzed in a two-way analysis of variance with concern (high, low) and outcome (unusual, ordinary) as within subject factors. The results revealed a significant main effect of concern, $F(1,18) = 6.70$, $p < .05$, a significant main effect of outcome, $F(1,18) = 5.22$, $p < .05$, and no interaction between concern and outcome, $F(1,18) < 1$, $p > .05$.

An analysis in which items was the random variable was also performed. For each of the seventeen topics, the average likelihood of mention was calculated for that topic when it appeared in each of the four concern x outcome categories. (For the topic of natural childbirth, for example, likelihood scores were first averaged across all subjects who fell into the category of strong concern-unusual outcome for that topic, then across subjects in each of the other three categories.) Three of the topics (i.e., father's role, drive to hospital, sibling visit) had to be excluded because there was no variability in outcome. The results supported those of the first analysis in showing a significant main effect of concern, $F(1,13) = 8.79$, $p < .05$ and a significant main effect of outcome, $F(1,13) = 22.83$, $p < .05$. This time the interaction between concern and outcome was also significant, $F(1,13) = 5.70$, $p < .05$). Since the interaction was not consistently reliable, it will not be considered further.

Discussion

This study was concerned with a problem in discourse production. Given all the possible topics that could mentioned in describing an event, what determines which ones will be mentioned? The answer turns out to depend upon two memory-related factors, the concerns of the speaker and the unusualness of th event.

The first hypothesis, that subjects would be more likely to mention topics of high than low prior concern, was supported by the data. Although the prenatal questionnaire was not designed to identify specific childbirth models, it was expected that subjects' concerns would reflect their knowledge of the domain. For example, one possible model of childbirth is that labor is like an illness, requiring medical intervention. Subjects who held this view presumably would be concerned about choosing the right doctor and avoiding medical complications. A contrasting view is that labor is a physical challenge that can be met by adequate preparation. Subjects who had this model presumably would be concerned about natural childbirth and the father's participation in the birth.

Why were topics of high concern mentioned more frequently than topics of low concern? A reasonable explanation is that subjects had more elaborate models for those aspects for which they indicated strong concerns. A highly differentiated model would allow for more elaborate encoding of the event, by focusing attention on aspects that would otherwise be ignored. Consider, for example, the highly detailed remarks of a mother who fell into the category of high concern-ordinary outcome for the topic of natural childbirth.

> Well, I sort of invented my own breathing technique as I went along. [Oh great, everybody does it their own way.] You know, I couldn't count one, two, three, four, and then pause, and then one, two, three, four. So I did sort of, something sli . . ., slightly different, whatever you know worked for me at the time.

The second hypothesis, that subjects would be more likely to recall topics that had an unusual rather than an ordinary outcome, also received confirmation from the data. There are at least two possible explanations for this finding. First, it is adaptive for subjects to allocate attention to the unusual, since the routine can be inferred, by default, from prior knowledge (Gibbs & Tenney, 1980). Secondly, unusual events may be intrinsically salient because they involve strong affect. Robinson (1980) found that the intensity, though not the direction, of affect associated with an event predicted retrieval time on a test of autobiographical memory.

Thus, although there was a tendency for speakers to emphasize areas of personal concern in their choice of topics, they did talk informatively about aspects that had not been of particular concern when the outcome was unusual. For example, two subjects who differed in the importance they attributed to early mother-infant bonding gave similar descriptions of the special bonding period that they were permitted in the hospital. The subjects who had been concerned about bonding said,

> They gave me the baby almost immediately. They do that. I mean it's wonderful. We had her almost an hour and a half. We took pictures and everything and it was wonderful.

The subject who had been indifferent about bonding remarked,

> They put her immediately, you know, her skin to my skin and they put a blanket over the two of us. [Aha] He was taking pictures and everything and . . . [Was it right on your tummy?] Oh Yeah, they put her right on me. [Oh nice] An um, you know, so it was really good.

The results of the study support the view that memory factors play a role in the selection of topics for discourse. Subjects talked about events of prior importance and of unusually good or bad outcome, because these topics were salient in their memory. Alternatively, it could be argued that they mentioned these events because they were looking for topics that would be relevant and informative (Grice, 1975). Memory and

conversational factors are difficult to tease apart in conversations between friends. Friends are expected to talk about what is on their minds. Nevertheless, in the present study, subjects sometimes talked about high concern (i.e., highly accessible) topics in more detail than was necessary. For example, one subject went into surprising detail on the high-concern topic of names,

> But you like the name Jennifer? [Yes, very much] . . . So what do you think the middle name should be? [Jennifer--something short] I thought two syllables, DA-da-da DA-da DA-da-da, instead of DA-da-da DA DA-da-da.

Conversely, speakers sometimes failed to mention obligatory topics, like the sex or name of the baby, because they were not of high concern. For example, one subject when pressed about the sex responded, "Good question. I should have mentioned that earlier, shouldn't I?" Although further research is required, these examples suggest that topic selection is driven by the accessibility of the material in memory as well as by the demands of good conversation.

Although this study was concerned with conversations, the findings have implications for writing as well. Writers, like speakers, depend upon memory processes for the generation of ideas. Because they have the opportunity to revise their work, however, writers can clarify, redefine, extend, and constrain their ideas to make them more comprehensible, memorable, persuasive, and enticing (Bruce, Collins, Rubin, & Gentner, 1982). Although there has been little empirical work on the editing of ideas, the approach taken in the present study suggests the following questions for research. Are topics that are highly accessible in memory likely to be mentioned in early drafts of a report? Do memory factors become less influential as a manuscript undergoes revision? The need to satisfy constraints at many levels makes writing a difficult task. As a result, ideas that are accessible to the writer may find their way into the manuscript even though they are not interesting or informative to the reader. Likewise, ideas that are necessary for the reader's understanding and enjoyment may be left out because they are not salient to the writer. One function of the revision process, therefore, is to compensate for the biases of memory by allowing the writer to focus on the concerns of the reader. Analyses of writers' drafts from this perspective may reveal interesting interactions between memory and revision processes.

To conclude, the results showed that it was possible to predict which speakers would talk about which general topics in naturally occurring conversations, given knowledge of their prior concerns and of what actually happened. However, there was considerable variety in how topics were handled. For example, the topic of the name was handled with humor ("e.g., Will, it was either 'Robin' or 'Blackbird'"), the topic of the baby's sex was treated with suspense (e.g., "It's . . . a baby!"), and finally, the topic of pain was handled philosophically (e.g.,"I just guess it dawned on me that there was only one way out and I had to do something. They weren't going to do anything for me"). This creative aspect of the reporting of personal events poses the biggest challenge to our understanding.

Finally, the generation of ideas for discourse should be examined in other domains. Further research may show that the same memory processes apply to personal reports of weddings, trips, accidents, job offers, major purchases and winning the lottery.

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Table 1

Questions Concerning Childbirth Topics

Topic	Prenatal Questionnaire	Postpartum Questionnaire
<u>Baby</u>:		
Sex of baby	How strong is your preference for a child of a particular sex? (1=not strong, 5=very strong)	How did you feel about the sex of the baby at first? (1=very disappointed, 8=very pleased)
	How strong are your intuitions about the sex of the baby? (1=not strong, 5=very strong)	(U+ = 8, U- = 1)[a]
Baby's Name	At this point, how difficult are you and your spouse finding the task of deciding on a name for a GIRL baby? (1=not difficult, 5=very) for a BOY baby? (1=not difficult, 5=very)	When did you decide on the baby's name? (U+ = at least 3 mo. prior) (U- = after delivery)
Physical features	How important is it to you that your baby show certain desired physical features such as lots of hair or a distinct family resemblance? (1=not important, 5=very)	How pleased were you with the appearance of the baby at first? (1=not pleased, 5=very) (U+ = 5, U- = 1)
Health of Baby	How anxious are you about the possibility of discovering that your baby has a health problem? (1=not anxious, 5=very)	a) From a medical standpoint how would you rate the baby at birth? (1=severe symptoms, 3=normal)

[a] U+ = unusually pleasant outcome; U- = unusually unpleasant outcome

Table 1 (continued)

	How anxious are you about the possible effects of a difficult labor and delivery on the health of the baby? (1=not anxious, 5=very)	b) Were any health problems evident at birth? (yes, no) c) Was there a specific reason to be concerned about the baby's health during labor or delivery? (yes, no) (U+ = a(3) and b(no) and c(no)) (U- = a(1) or a(2))
Labor and Delivery:		
Natural childbirth	How important is it to you that your baby be delivered by natural childbirth (no drugs during labor or delivery) if at all possible? (1=not important, 5=very)	How did the mother's ability to handle the discomfort compare to what you had expected? (1=much less, 5=much more) (U+ = 5, U- = 1)
Birthing room	How important is it to you that the birth take place in a birthing room or in a home-like atmosphere? (1=not important, 5=very)	Did the birth take place in a birthing room or in a home-like atmosphere? (yes, no) (U+ = yes)
Birth attendants	How important is it to you that a particular doctor nurse or midwife be present for the birth of your baby? (1=not important, 5=very)	How satisfied were you with the person who delivered the baby? (1=not satisfied, 5=very) (U+ = 5, U- = 1)
Drive to hospital	How anxious are you about the problem of getting to the hospital? (1=not anxious, 5=very)	Did you have difficulty getting to the hospital? (yes, no) (U- = yes)
Father's role	How important is it to you that the father play an active role in labor and delivery? (1=not important, 5=very)	Did the father play an active role in labor and delivery? (yes, no) (U+ = yes)

Table 1 (continued)

	In the event of a Cesarean delivery, how important do you feel it is that the father be present for the birth? (1=not important, 5=very)	
Health of mother	How anxious are you about the possible effects of a difficult labor on the health of the mother? (1=not anxious, 5=very)	How soon before the baby was born did you get to the hospital? (U+ = 1.5 hours or less) (U- = 16 hours or more)
	How anxious are you about the possibility of a Cesarean delivery? (1=not anxious, 5=very)	
Painfulness of labor	How anxious are you about possible discomfort to the mother during labor? (1=not anxious, 5=very)	How did the degree of discomfort to the mother during labor compare to what you had expected? (1=much more, 5=much less) (U+ = 5, U- = 1)
<u>Postpartum activities</u>:		
Breastfeeding	How important is it to you that your baby be breastfed? (1=not important, 5=very)	Did your baby nurse right after birth? (yes, no) (U+ = yes)
	How anxious are you about the possibility that your baby will have difficulty breastfeeding? (1=not anxious, 5=very)	
Bonding	How important is it to you that you be allowed a period of extended contact with the baby immediately following delivery? (1=not important, 5=very)	Did you have a period of extended contact with the baby IMMEDIATELY following delivery? (yes, no) (U+ = yes)

Table 1 (continued)

Rooming in	How important is it to you that your baby be in the same room with you or your spouse most of the time while in the hospital? (1=not important, 5=very)	Was the baby in the same room with you or your spouse most of the time while in the hospital? (yes, no) (U+ = yes)
Photographing	Do you plan to take movies or pictures a) in the delivery room immediately following the birth? (yes, no) b) in the delivery room during the final stages of labor and delivery? (yes, no) c) during the early stages of labor? (yes, no) (1 = 0 yesses, 2.33 = 1 yes) (3.67= 2 yesses, 5= 3 yesses)	Were movies or pictures taken a) in the delivery room immediately following the birth? (yes, no) b) in the delivery room during the final stages of labor and delivery? (yes, no) c) during the early stages of labor? (yes, no) (U+ = b(yes) or c(yes))
Sibling	How important is it to you that your children be allowed to visit in the hospital? (1=not important, 5 = very)	Did your children visit in the hospital? (yes, no) (U+ = yes)
Tape recording	How personally valuable do you think the tape-recorded phone conversations will be to you and your family at a future date? (1=not valuable, 5=very)	How comfortable did you feel about having the phone conversations recorded? (1=not comfortable, 5=very) (U+ = 5, U- = 1)

Table 2

Summary of Questionnaire Results

	Prenatal		Postpartum		
	Av Concern (1 to 5)		Proportion of Unusual Outcomes		
Topic	Mother	Father	Pleasant	Unpleasant	Total
Baby:					
Sex	1.5	1.5	.56	.00	.56
Name	2.3	1.9	.21	.26	.47
Features	1.3	1.3	.63	.11	.74
Baby's health	3.3	2.7	.63	.16	.79
Labor and Delivery:					
Natural birth	3.9	3.2	.11	.11	.22
Birthing room	2.9	2.5	.33	--	.33
Attendants	3.8	2.8	.63	.00	.63
Drive	2.3	2.3	--	.00	.00
Father's role	4.8	4.7	.95	--	.95
Mother's health	2.3	2.5	.22	.17	.39
Discomfort	2.9	3.0	.06	.28	.33
Postpartum Period:					
Breastfeeding	3.2	2.9	.53	--	.53
Bonding	4.3	3.9	.58	--	.58
Rooming-in	4.1	3.3	.79	--	.79
Photographing	3.5	3.3	.74	--	.74
Sibling visit	5.0	3.6	1.00	--	1.00
Tape recording	2.3	2.5	.58	.05	.63

Table 3

Average Likelihood of Mentioning Topic

High Concern		Low Concern	
Unusual Outcome	Ordinary Outcome	Unusual Outcome	Ordinary Outcome
.446	.302	.287	.206